2007 LIMITED PARTNERSHIP ANNUAL REPORT DOCUMENT # A0500001862

DOCUMENT # A05000001862 1. Fritylams Principal Rice of Business 4130 TAMIMA TRAIL PORT CHARLOTIE, FL 33952 US Suite, Apt. 4, etc. 2. Principal Place of Business A130 TAMIMA TRAIL PORT CHARLOTIE, FL 33952 US Suite, Apt. 4, etc. 3. Appling Address Suite Suite, Apt. 6, etc. 3. Appling Address Suite, Apt. 6, etc. 4. FE Number APPLIED FOR APPLIED		Due By	/ May 1, 2007		The state of the s	
PORT CHARLOTTE, FL. 33952 US 2. Principal Place of Business - No. P.O. Box # 3. Mayling Address Suite. Apt. #. etc.	1. Entity Nar	ne	001862			
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HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$500.00 A CENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY ROSENFIELD, LOUIS D SIREE ADDRESS CITY-ST-ZP DOCUMENT / NAME SIREE ADD	Zip	Country	33950	Country		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyperd or provided name of registered agent and the floridation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Signature, hyperd or proved agent and selected. Signature, hyperd or proved	99 NESBI	T STREET		Street Addres	ss (P.O. Box Number is Not Acceptable)	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information provided partnership and that are information and the information are information and information are information and information are information and information are information and information are information are information and information are information and information are information	14 I hereby	certify that the information suppli	ed with this filling does not qualify	for the exemptions conta	ained in Chapter 119, Florida Statutes. I further certify that the	information
indicated on this report is true and accurate and that my eigensure shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employment of execute this eport as required by chapter 620, Florida Satutes SIGNATURE:	ı ındıcate			morsame ledat ettect as	an mene unuer oent met i en e deneral Febble di Nie Millieu i	بالايمانات
SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNAG GENERAL PARTNER Date Daylare Phone #		TURE:	3/2/	\bigcirc	4100 941-67	1-4502